

B1 (Official Form 1) (4/10)

United States Bankruptcy Court District of Maryland		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Morse, Jeffrey Andrews	Name of Joint Debtor (Spouse) (Last, First, Middle): Morse, Janet Bertha	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): None	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): None	
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 6643	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 7269	
Street Address of Debtor (No. and Street, City, and State) 413 Bluewater Court Ocean Pines, MD	Street Address of Joint Debtor (No. and Street, City, and State) 413 Bluewater Court Ocean Pines, MD	
ZIPCODE 21811	ZIPCODE 21811	
County of Residence or of the Principal Place of Business: Worcester	County of Residence or of the Principal Place of Business: Worcester	
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):	
ZIPCODE	ZIPCODE	
Location of Principal Assets of Business Debtor (if different from street address above):		ZIPCODE
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) 	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other <u>Search Consultant</u> <input type="checkbox"/> Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code)	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Check one box: Chapter 11 Debtors <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D) <input type="checkbox"/> Debtor is not a small business as defined in 11 U.S.C. § 101(51D) Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (<i>amount subject to adjustment on 4/01/13 and every three years thereafter</i>). Check all applicable boxes <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1000-5000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000		
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Jeffrey Andrews Morse & Janet Bertha Morse	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: NONE	Case Number:	Date Filed:	
Location Where Filed: N.A.	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: NONE	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b). X _____ Signature of Attorney for Debtor(s) Date	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) <input type="checkbox"/> Landlord has a judgment for possession of debtor's residence. (If box checked, complete the following.) <div style="text-align: center;"> _____ (Name of landlord that obtained judgment) </div> <div style="text-align: center;"> _____ (Address of landlord) </div> <input type="checkbox"/> Debtor claims that under applicable non bankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).			

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Jeffrey Andrews Morse & Janet Bertha Morse

Signatures**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Jeffrey Andrews Morse

Signature of Debtor

X /s/ Janet Bertha Morse

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

12/15/10

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by § 1515 of title 11 are attached.



Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

(Date)

Signature of Attorney***X** /s/ Walter B Gunby

Signature of Attorney for Debtor(s)

WALTER B GUNBY 26978

Printed Name of Attorney for Debtor(s)

Law office of Walter B. Gunby

Firm Name

102 Market Square

Address

Cambridge, MD 21613**410-228-6111**

Telephone Number

12/15/10

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, 2) I prepared this document for compensation, and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. § 110(b), 110(h), and 342(b); and, 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

B1 D (Official Form 1, Exhibit D) (12/09)

UNITED STATES BANKRUPTCY COURT
District of Maryland

Jeffrey Andrews Morse & Janet Bertha
Morse

In re _____
Debtor(s)

Case No. _____
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.



1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*



2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Jeffrey Andrews Morse
JEFFREY ANDREWS MORSE

Date: 12/15/10

B1 D (Official Form 1, Exhibit D) (12/09)

UNITED STATES BANKRUPTCY COURT
District of Maryland

Jeffrey Andrews Morse & Janet Bertha
Morse

In re _____
Debtor(s)

Case No. _____
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.



1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*



2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Joint Debtor: /s/ Janet Bertha Morse
JANET BERTHA MORSE

Date: 12/15/10

UNITED STATES BANKRUPTCY COURT
District of Maryland

In Re Jeffrey Andrews Morse & Janet Bertha MorseCase No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	AMOUNT	SOURCE
2010(db)	\$6,000.00	YTD income from employment
2009(db)	7,307.00	AGI from joint tax return
2008(db)	227,062.00	AGI from joint tax return
2010(jdb)		
2009(jdb)		
2008(jdb)		

2. Income other than from employment or operation of business

None



State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

None



Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF
PAYMENTSAMOUNT
PAIDAMOUNT STILL
OWING

None



b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

*Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after date of adjustment.

NAME AND ADDRESS OF CREDITOR
AND RELATIONSHIP TO DEBTORDATES OF
PAYMENTSAMOUNT
PAIDAMOUNT STILL
OWING

Phelps Dunbar
One Mississippi Plaza
201 Tupelo, MS 38804

to date

53,000.00

72,491.61

Parker, Hudson, Rainer & Dobbs,
LLP
1500 Marquis Tower
285 Peachtree Center Ave., N.E.
Attn: Mr. Ronald Coleman
Atlanta, GA 30303

to date

10,750.00

25,799.60

None



c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR
AND RELATIONSHIP TO DEBTOR

DATES OF
PAYMENTS

AMOUNT PAID

AMOUNT STILL
OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT
AND CASE NUMBER

NATURE OF PROCEEDING

COURT OR
AGENCY AND LOCATION

STATUS OR
DISPOSITION

Luther Bell
vs.
Brandywine Health
Services of Mississippi,
Inc.
et. al
Case #
2009-0081-CV-M

Civil

Circuit Court of Choctaw
County, Mississippi

Pending

Northern Healthcare
Capital, LLC
vs.
Brandywine Health
Services of Mississippi,
Inc.
dba Choctaw Medical
Center and Jeffrey
Morse
Civil Action No. 1:09
CV267-A-D

Civil

United States District Court,
Northern District of
Mississippi, Eastern Division

Order
Dismissing/Settled

RuRal Health Care
Developers, Inc.
and Ray Shoemaker
vs.
Choctaw County
Medical Center and
nursing Home, Jeffrey
A. Morse and
Brandywine Health
Services of Mississippi,
Inc.
Case No.
CV09-153(R)(L)

Civil

Circuit Court of Lee County,
Mississippi

Pending

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Valley Services, Inc. vs. Brandywine Health Services of Mississippi, Inc., et. al. Case No. 2009-158	Civil	Circuit Court of Rankin County, Mississippi	Pending
Warren, Averett, Kimbrough & Marino, LLC vs. Choctaw County Medical Center Case No.2009-2256-CV-M	Civil	Circuit Court of Choctaw County, Mississippi	Pending
Philip A, Marsden, Donald r. millard, Hoppy Enterprises, LLC, Marshall B. Hunt, Olin Garwood Lippincott and PWP Investments, LLC vs. Brandywine Health Services of Mississippi, Inc. dba Choctaw Medical Center and Jeffrey A. Morse Case No. 09A09420-6	Civil	In the State Court of Dekalb County, State of Georgia	Pending

None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
Choctaw County Board of Survivors P.O. BOX 250 Ackerman, MS 39735		

5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
--	---	--------------------------------------

6. Assignments and Receiverships

None



a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
------------------------------------	--------------------	---

None



b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
-------------------------------------	--	------------------	--------------------------------------

7. Gifts

None



List all gifts or charitable contributions made within one year immediately preceding the commencement of this case, except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
--	-----------------------------------	-----------------	----------------------------------

8. Losses

None



List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION
AND VALUE
OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES, AND, IF LOSS
WAS COVERED IN WHOLE OR IN PART BY
INSURANCE, GIVE PARTICULARS

DATE OF
LOSS

9. Payments related to debt counseling or bankruptcy

None



List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS
OF PAYEE

DATE OF PAYMENT,
NAME OF PAYOR IF
OTHER THAN DEBTOR

AMOUNT OF MONEY OR
DESCRIPTION AND
VALUE OF PROPERTY

Walter B Gunby
Law office of Walter B. Gunby
102 Market Square
Cambridge, MD 21613

11/10/10

\$2,700.00

10. Other transfers

None



a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE,
RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY
TRANSFERRED AND
VALUE RECEIVED

Lexus Financial Services
P.O. BOX 17187
Baltimore, MD 21297-0511
Relationship: none

12/11/10

1993 Cadillac Alante value of
\$4,000
applied to trade in of 2011 Lexus
ES 350

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

None



NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
-------------------------------	------------------------	---

11. Closed financial accounts

None



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
---------------------------------	--	------------------------------------

12. Safe deposit boxes

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
--	---	-------------------------	---------------------------------------

13. Setoffs

None



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	----------------	------------------

14. Property held for another person

None



List all property owned by another person that the debtor holds or controls.

NAME AND
ADDRESS OF OWNERDESCRIPTION AND
VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None



If the debtor has moved within the three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

NAME USED

DATES OF OCCUPANCY

16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Sites

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME
AND ADDRESSNAME AND ADDRESS
OF GOVERNMENTAL UNITDATE OF
NOTICEENVIRONMENTAL
LAW

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
--	---------------	-----------------------

18. Nature, location and name of business

None



a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Brandywine Health Services of Mississippi, Inc.	82-0543869	311 West Cherry St. Ackerman, MS 39735	Hospital & Nursing Home	May 2002 - Feb 12, 2010

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None



NAME	ADDRESS
------	---------

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within the six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or otherwise self-employed.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, record and financial statements

None ☐ a. List all bookkeepers and accountants who within the two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

Granger & Company, P.A.
101 Williamsport Circle
Salisbury, MD 21804

past 3 years

None ☒ b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

Jeffrey A, Morse

413 Bluewater Court
Ocean Pines, MD 21811

None ☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the two years immediately preceding the commencement of this case by the debtor.

NAME AND ADDRESS

DATE
ISSUED

20. Inventories

None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
-------------------	----------------------	---

None ☒ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
-------------------	---

21. Current Partners, Officers, Directors and Shareholders

None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
------------------	--------------------	------------------------

None ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
------------------	-------	---

22. Former partners, officers, directors and shareholders

None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
------	---------	--------------------

None ☒ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
------------------	-------	---------------------

23. Withdrawals from a partnership or distribution by a corporation

None



If the debtor is a partnership or a corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

NAME & ADDRESS OF
RECIPIENT, RELATIONSHIP
TO DEBTOR

DATE AND PURPOSE
OF WITHDRAWAL

AMOUNT OF MONEY OR
DESCRIPTION AND
VALUE OF PROPERTY

24. Tax Consolidation Group

None



If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the six-year period immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

25. Pension Funds

None



If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the six-year period immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * *

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date	12/15/10	Signature of Debtor	/s/ Jeffrey Andrews Morse JEFFREY ANDREWS MORSE
Date	12/15/10	Signature of Joint Debtor	/s/ Janet Bertha Morse JANET BERTHA MORSE

0 continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §152 and 3571

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and required under 11U.S.C. §§ 110(b), 110(h), and 342(b); (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110(c).)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X _____

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. §156.

B6 Cover (Form 6 Cover) (12/07)

FORM 6. SCHEDULES

Summary of Schedules

Statistical Summary of Certain Liabilities and Related Data (28 U.S.C. § 159)

Schedule A - Real Property

Schedule B - Personal Property

Schedule C - Property Claimed as Exempt

Schedule D - Creditors Holding Secured Claims

Schedule E - Creditors Holding Unsecured Priority Claims

Schedule F - Creditors Holding Unsecured Nonpriority Claims

Schedule G - Executory Contracts and Unexpired Leases

Schedule H - Codebtors

Schedule I - Current Income of Individual Debtor(s)

Schedule J - Current Expenditures of Individual Debtor(s)

Unsworn Declaration under Penalty of Perjury

GENERAL INSTRUCTIONS: The first page of the debtor's schedules and the first page of any amendments thereto must contain a caption as in Form 16B. Subsequent pages should be identified with the debtor's name and case number. If the schedules are filed with the petition, the case number should be left blank

Schedules D, E, and F have been designed for the listing of each claim only once. Even when a claim is secured only in part or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed on Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

B6 Summary (Official Form 6 - Summary) (12/07)**United States Bankruptcy Court**

District of Maryland

In re Jeffrey Andrews Morse & Janet Bertha Morse

Debtor

Case No. _____

Chapter 7**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A – Real Property	YES	1	\$ 854,900.00		
B – Personal Property	YES	4	\$ 298,074.97		
C – Property Claimed as exempt	YES	2			
D – Creditors Holding Secured Claims	YES	2		\$ 1,164,747.84	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	3		\$ 1,320,000.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	33		\$ 2,459,180.27	
G - Executory Contracts and Unexpired Leases	YES	2			
H - Codebtors	YES	2			
I - Current Income of Individual Debtor(s)	YES	1			\$ 8,875.00
J - Current Expenditures of Individual Debtors(s)	YES	1			\$ 8,834.00
TOTAL		51	\$ 1,152,974.97	\$ 4,943,928.11	

United States Bankruptcy Court

District of Maryland

In re Jeffrey Andrews Morse & Janet Bertha Morse
Debtor

Case No. _____

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. §101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☒ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ N.A.
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ N.A.
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ N.A.
Student Loan Obligations (from Schedule F)	\$ N.A.
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ N.A.
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ N.A.
TOTAL	\$ N.A.

State the Following:

Average Income (from Schedule I, Line 16)	\$ N.A.
Average Expenses (from Schedule J, Line 18)	\$ N.A.
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ N.A.

State the Following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ N.A.
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ N.A.	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ N.A.
4. Total from Schedule F		\$ N.A.
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ N.A.

In re Jeffrey Andrews Morse & Janet Bertha Morse

Case No. _____

Debtor

(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C – Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
LOT 86 PH IA 17419 SQ. FT. Bluewater Court The Point Sec 17 413 Bluewater Court Ocean Pines, MD 21811	Tenancy by the Entirety	J	854,900.00	1,142,247.84
Total ➤			854,900.00	

(Report also on Summary of Schedules.)

In re Jeffrey Andrews Morse & Janet Bertha Morse

Case No.

Debtor

(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See. 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		\$200.00 US Dollar Debtor's Possession	J	200.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		\$2,255.33 US Dollar in a joint checking account Bank of Ocean City P.O. BOX 150 Ocean City, MD 21843	J	2,255.33
		\$1,019.02 US Dollar in a joint savings account Bank of Ocean City P.O. BOX 150 Ocean City, MD 21843	J	1,019.02
		\$2,984.68 US Dollar in savings account Morgan Stanley Smith Barney 700 Spring Forest Rd., Suite 200 Raleigh, NC 27609	W	2,984.68
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Household Goods Debtor's Residence	J	1,775.00
5. Books, Pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Clothing	J	525.00

In re Jeffrey Andrews Morse & Janet Bertha Morse Case No. _____
Debtor (If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
7. Furs and jewelry.		Debtor's Residence Jewelry Debtor's Residence	J	800.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		IRA account Morgan Stanley Smith Barney 700 Spring Forest Rd., Suite 200 Raleigh, NC 27609	H	28,226.91
		IRA account Morgan Stanley Smith Barney 700 Spring Forest Rd., Suite 200 Raleigh, NC 27609	W	96,920.66
		401K Retirement Plan Morgan Stanley Smith Barney 700 Spring Forest Rd., Suite 200 Raleigh, NC 27609	W	42,684.46
		401K Retirement Plan Chowtaw County Medical Center	H	42,684.46
		401K Retirement Plan Chotaw County Medical Center	W	42,684.45

In re Jeffrey Andrews Morse & Janet Bertha Morse Case No. _____
Debtor (If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlement to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate or a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights of setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. §101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2003 GMC Yukon Denali, 68,000 miles, fair condition (needs some work) Debtor's Residence	H	11,315.00
		2011 Lexus ES350, 190 miles, good condition Debtor's Residence	W	20,000.00

In re Jeffrey Andrews Morse & Janet Bertha Morse Case No. _____
Debtor (If known)

SCHEDULE B - PERSONAL PROPERTY
 (Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
26. Boats, motors, and accessories.		1999 Sea Ray Boat, 25' 6" Debtor's Residence	J	4,000.00
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
<div>0 continuation sheets attached</div> <div>Total</div>				\$ 298,074.97

(Include amounts from any continuation
 sheets attached. Report total also on
 Summary of Schedules.)

In re Jeffrey Andrews Morse & Janet Bertha Morse

Case No. _____

Debtor

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

☐ 11 U.S.C. § 522(b)(2)

☐ Check if debtor claims a homestead exemption that exceeds \$146,450*.

☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
LOT 86 PH IA 17419 SQ. FT. Bluewater Court The Point Sec 17	(Husb)Md. Cts & Jud. Proc. Code § 11-504(b)(5) (Wife)Md. Cts & Jud. Proc. Code § 11-504(c)(3)(f)	1.00 1.00	854,900.00
Household Goods	(Husb)Md. Cts & Jud. Proc. Code § 11-504(b)(4) (Wife)Md. Cts & Jud. Proc. Code § 11-504(b)(4)	887.50 887.50	1,775.00
Clothing	(Husb)Md. Cts & Jud. Proc. Code § 11-504(b)(4) (Wife)Md. Cts & Jud. Proc. Code § 11-504(b)(4) (Wife)Md. Cts & Jud. Proc. Code § 11-504(b)(5)	112.50 112.50 300.00	525.00
Jewelry	(Wife)Md. Cts & Jud. Proc. Code § 11-504(b)(5)	800.00	800.00
\$200.00 US Dollar	(Wife)Md. Cts & Jud. Proc. Code § 11-504(b)(5)	200.00	200.00
\$2,255.33 US Dollar in a joint checking account	(Wife)Md. Cts & Jud. Proc. Code § 11-504(b)(5) (Wife)Md. Cts & Jud. Proc. Code § 11-504(c)(3)(f)	946.30 1,309.03	2,255.33
\$1,019.02 US Dollar in a joint savings account	(Wife)Md. Cts & Jud. Proc. Code § 11-504(b)(5)	1,019.02	1,019.02
\$2,984.68 US Dollar in savings account	(Wife)Md. Cts & Jud. Proc. Code § 11-504(b)(5) (Wife)Md. Cts & Jud. Proc. Code § 11-504(c)(3)(f)	2,884.68 100.00	2,984.68
IRA account	(Husb)Md. Cts & Jud. Proc. Code § 11-504(h)	28,226.91	28,226.91

*Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Jeffrey Andrews Morse & Janet Bertha Morse

Case No. (If known)

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT
(Continuation Page)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
IRA account	(Wife)Md. Cts & Jud. Proc. Code § 11-504(h)	96,920.66	96,920.66
401K Retirement Plan	(Wife)Md. Cts & Jud. Proc. Code § 11-504(h)	42,684.46	42,684.46
1999 Sea Ray Boat, 25' 6"	(Wife)Md. Cts & Jud. Proc. Code § 11-504(c)(3)(f)	3,588.97	4,000.00
2003 GMC Yukon Denali, 68,000 miles, fair condition (needs some work)	(Husb)Md. Cts & Jud. Proc. Code § 11-504(b)(5) (Husb)Md. Cts & Jud. Proc. Code § 11-504(c)(3)(f)	5,999.00 5,000.00	11,315.00
2011 Lexus ES350, 190 miles, good condition	(Wife)Md. Cts & Jud. Proc. Code § 11-504(c)(3)(f)	1.00	20,000.00
401K Retirement Plan	(Husb)Md. Cts & Jud. Proc. Code § 11-504(h)	42,684.46	42,684.46
401K Retirement Plan	(Wife)Md. Cts & Jud. Proc. Code § 11-504(h)	42,684.45	42,684.45

B6D (Official Form 6D) (12/07)In re Jeffrey Andrews Morse & Janet Bertha Morse,

Case No. _____

Debtor

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. unknown Internal Revenue Service P.O. BOX 7346 Philadelphia, PA 19101-7346	J	Lien: tax lien for business tax Security: property located at 413 Bluewater Ct., Berlin, MD 21811 VALUE \$ 854,900.00				202,000.00	0.00
ACCOUNT NO. 8996 Lexus Financial Services P.O. BOX 17187 Baltimore, MD 21297-0511	W	Lien: Car Lease Security: 2007 Lexus ES 350 VALUE \$ 20,000.00				22,500.00	2,500.00
ACCOUNT NO. 2356 Morgan Stanley Credit Corporation P.O. BOX 986 Newark, NJ 07184-0986	J	Lien: First Mortgage Security: property located at 413 Bluewater Ct., Berlin, MD 21811 VALUE \$ 854,900.00				346,351.52	0.00
Subtotal (Total of this page) ➤						\$ 570,851.52	\$ 2,500.00
Total (Use only on last page) ➤						\$	\$

1 continuation sheets attached

(Report also on
Summary of Schedules)
(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

B6D (Official Form 6D) (12/07) – Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,

Case No. _____

Debtor

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 5959	J	Lien: Credit line for Business Security: property located at 413 Bluewater Ct., Berlin, MD 21811				593,896.32	0.00
Morgan Stanley Home loan P.O. BOX 986 Newark, NJ 07184-0986		VALUE \$ 854,900.00					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					

Sheet no. 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

Subtotal (s) (Total(s) of this page)	\$ 593,896.32	\$ 0.00
Total(s) (Use only on last page)	\$ 1,164,747.84	\$ 2,500.00

(Report also on
Summary of Schedules)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

B6E (Official Form 6E) (04/10)In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(if known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

*Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (04/10) - Cont.In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(if known)☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

** Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*1 continuation sheets attached

B6E (Official Form 6E) (04/10) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**
(Continuation Sheet) Sec. 507(a)(8)

Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above..)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO.								
Internal Revenue Service P.O. BOX 7346 Philadelphia, PA 19101-7346	H	Consideration: Taxes Federal Taxes 940 & 941 IRS filed tax liens 2007 for \$1,121,987.80, In 2008 or \$176,778.53, In 2009 for \$100,609.48				1,100,000.00	1,100,000.00	0.00
ACCOUNT NO.								
Mississippi Dept of Employment P.O. BOX 23089 Jackson, MS 39225	H	Consideration: Debt owed to Government				100,000.00	10,000.00	90,000.00
ACCOUNT NO.								
MS State Tax Commission Post Office Drawer D Attn: Tim Thompson Greenwood, MS 38935	H	Consideration: debt owed to government				120,000.00	120,000.00	0.00
ACCOUNT NO.								

Sheet no. 1 of 1 continuation sheets attached to Schedule of
Creditors Holding Priority ClaimsSubtotal ➤
(Totals of this page)

\$1,320,000.00 \$ \$

(Use only on last page of the completed
Schedule E.) Report also on the Summary
of Schedules

Total ➤

\$1,320,000.00

(Use only on last page of the completed
Schedule E. If applicable, report also on
the Statistical Summary of Certain
Liabilities and Related Data.)

Totals ➤

\$ \$1,230,000.00 \$ 90,000.00

B6F (Official Form 6F) (12/07)In re Jeffrey Andrews Morse & Janet Bertha Morse

Case No. _____

Debtor

(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. unknown 4-County Electric Power Association P.O. BOX 9602 Columbus, MS 39705	H					Unknown
ACCOUNT NO. Ackerman Athletic Booster Club P.O. BOX 641 Ackerman, MS 39735	H					100.00
ACCOUNT NO. ACS-Abulance Cot Service 2339 Green Lane Bishopville, SC 29010	H					560.32
ACCOUNT NO. Advanced Health Systems, Inc. P.O. BOX 1043 Jackson, MS 39215	H					378.29
Subtotal ➤						\$ 1,038.61
Total ➤						\$

32 continuation sheets attached

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Afco Dept 0809 P.O. BOX 120001 Dallas, TX 75312	H					14,196.92
ACCOUNT NO.						
AIA- Associated Insurance Adm. P.O. BOX 231330 Montgomery, AL 36123	H					4,650.00
ACCOUNT NO.						
Alimed, Inc. P.O. BOX 9135 Dedham, MA 02027	H					653.96
ACCOUNT NO.						
American Health Tech P.O. BOX 12310 Jackson, MS 39236	H					2,102.78
ACCOUNT NO.						
Ancillary Medical Service 195 East Peace Street Canton, MS 39046	H					10,917.67

Sheet no. 1 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ► \$ 32,521.33

Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Apic P.O. BOX 79502 Baltimore, MD 21279	H					188.00
ACCOUNT NO.						
Appliance Parts Co., Inc. 727 S. Gallatin St. Jackson, MS 39204	H					415.13
ACCOUNT NO. unknown						
Atmos Energy P.O. BOX 9001949 Louisville, KY 40290	H					Unknown
ACCOUNT NO.						
Aventis Pasteur P.O. BOX 60244 Charlotte, NC 28260	H					2,516.74
ACCOUNT NO.						
Baptist Memorial Hospital P.O. BOX 415000, MSC 4 Nashville, TN 37241	H					10,828.30

Sheet no. 2 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 13,948.17

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Beckman Coulter, Inc. Dept. Ch 10164 Palatine, IL 60055	X H					34,893.80
ACCOUNT NO.						
Black Brothers 135 Seward St. P.O. BOX 906 Ackerman, MS 39735	H					2,500.53
ACCOUNT NO.						
Bourdeaux & Jones, LLP P.O. BOX 2009 Meridian, MS 39302	H					12,010.42
ACCOUNT NO.						
Bracco Diagnostics, Inc. P.O. BOX 532411 Charlotte, NS 28290	H					856.50
ACCOUNT NO.						
Briggs Corporation P.O. BOX 1355 Des Moines, IA 50305	H					1,521.06

Sheet no. 3 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ► \$ 51,782.31

Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Broadway Linen Service 548 N. Braodway Division-Linen Service Greenville, MS 38701	H					12,281.00
ACCOUNT NO.						
Business Machines Plus, Inc. P.O. BOX 2145 Columbus, MS 39704	W					1,864.03
ACCOUNT NO.						
Capweld P.O. BOX 22562 Jackson, MS 39225	H					7,166.74
ACCOUNT NO.						
Cardinal Health Alaris Product 3698 Collections CNT Chicago, IL 60693	H					6,390.81
ACCOUNT NO.						
Cardinal Health Jackson Division P.O. BOX 402586 Atlanta, GA 30384	H					18,731.60

Sheet no. 4 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ► \$ 46,434.18

Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Carefusion Alaris Products 3698 Collection Cent Chicago, IL 60693	H					1,787.74
ACCOUNT NO.						
Central Mississippi Communications P.O. BOX 329 111 Monroe St. Kosciusko, MS 39090	H					95.00
ACCOUNT NO.						
Central MS Emergency Medical Services 855 Pear Orchard Rd., Suite 401 Ridgeland, MS 39157	H					1,464.00
ACCOUNT NO.						
Centurian Medical Products P.O. BOX 170 301 Catrell Dr. Howell, MI 48843	H					780.24
ACCOUNT NO.						
Channing Bete Company, Inc. P.O. BOX 84-5897 Boston, MA 02284	H					123.00

Sheet no. 5 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 4,249.98

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		Consideration: rent on building				
Choctaw County Board of Survivors P.O. BOX 250 Ackerman, MS 39735	H					5,000.00
ACCOUNT NO.						
Chris threadgill P.O. BOX 1099 Ackerman, MS 39735	H					2,700.00
ACCOUNT NO.						
Columbus Fire Service P.O. BOX 622 Columbus, MS 39703	H					116.63
ACCOUNT NO.						
Columbus Paper & Chemical, Inc. P.O. BOX 8367 Columbus, MS 39705	H					2,995.07
ACCOUNT NO.						
Corporate Express P.O. BOX 71217 Chicago, IL 60694	H					2,475.63

Sheet no. 6 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 13,287.33

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Criticare Systems, Inc. 4718 Paysphere Circle Chicago, IL 60674	H					467.82
ACCOUNT NO.						
Danette Berry 602 West Church St. Newton, MS 39345	H					532.50
ACCOUNT NO.						
Data System Management P.O. BOX 1348 605 2nd Ave. North Columbus, MS 39703	H					4,377.50
ACCOUNT NO.						
Delta Pharma, Inc. P.O. BOX 538 Ripley, MS 38663	H					4,377.50
ACCOUNT NO.						
Diagnostic Imaging, Inc. P.O. BOX 2121 Memphis, TN 38159	H					12.00

Sheet no. 7 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 9,767.32

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Diagnostic Tissue Cytology P.O. BOX 5869 Meridian, MS 39301	H					6,558.00
ACCOUNT NO.						
Digital Data Corp 1596 W.2650 S. #101 Odgen, UT 84401	H					223.81
ACCOUNT NO.						
Direct Supply Healthcare Equipment P.O. BOX 88201 Milwaukee, WI 53288	H					6,208.42
ACCOUNT NO.						
Diversified Health Services P.O. BOX 2371 Starkville, MS 39760	H					1,515.10
ACCOUNT NO.						
Doss Electric, Inc. P.O. BOX 652 Maben, MS 39750	H					31,766.89

Sheet no. 8 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 46,272.22

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Emergency Medical Products 4606 Reliable Pkwy Chicago, IL 60686	H					68.87
ACCOUNT NO.						
Emery Pratt Company 1986 W. Main St. Owosso, MI 48867	H					1,000.98
ACCOUNT NO.						
Enserv South Central P.O. BOX 671308 Dallas, TX 75267	H					443.45
ACCOUNT NO.						
Fedex P.O. BOX 660481 Dallas, TX 75266	H					68.97
ACCOUNT NO.						
First Choice Medical Sup. P.O. BOX 3608 Jackson, MS 39207	H					14,394.33

Sheet no. 9 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 15,976.60

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Fisher Healthcare P.O. BOX 404705 Atlanta, GA 30384	H					6,709.11
ACCOUNT NO.						
Four Seasons Lawn Maintenance P.O. BOX 793 Starkville, MS 39759	H					21,010.80
ACCOUNT NO.						
GE Healthcare Contract # 294748 P.O. BOX 402076 Atlanta, GA 30384	X H					21,399.99
ACCOUNT NO.						
GE Healthcare Financial Service P.O. BOX 641419 Pittsburgh, PA 15264	X H					52,944.80
ACCOUNT NO.						
Genworth Life Insurance Company P.O. BOX 79744 Baltimore, MD 21279	H					3,530.80

Sheet no. 10 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ► \$ 105,595.50

Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Golden Tri. Waste Service Coop Se 1311 Industrial Park Columbus, MS 39701	H					21.97
ACCOUNT NO.						
Griffin Industries 1299 Prisock rd. Byram, MS 39272	H					150.00
ACCOUNT NO.						
Guardian Life Insurance of America Northeast Regional Office P.O. BOX 95101 Chicago, IL 60694	H					5,892.99
ACCOUNT NO.						
Gulf South Medical Supply P.O. BOX 841968 Dallas, TX 75284	H					38,651.10
ACCOUNT NO.						
HD Supply Facilities Maintenance P.O. BOX 509058 San Diego, CA 92150	H					812.87

Sheet no. 11 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 45,528.93

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Health Force Staffing 10921 Reed Hartman H, Suite 329 Cincinnati, OH 45242	H					11,316.00
ACCOUNT NO.						
Healthcare Corporation of America P.O. BOX 12828 Philadelphia, PA 19101	H					720.00
ACCOUNT NO.						
Healthcare Services International P.O. BOX 12828 Philadelphia, PA 19176	H					150.00
ACCOUNT NO.						
Heritage Food Service Equipment P.O. BOX 8710 Fort Wayne, IN 46898	H					30.64
ACCOUNT NO.						
Horizon Healthcare Sup. P.O. BOX 6 Duluth, MN 55801	H					167.94

Sheet no. 12 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 12,384.58

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Hospital Furniture Restoration P.O. BOX 152 Lisbon, MD 21765	H					3,131.86
ACCOUNT NO.						
Infolab, Inc. P.O. BOX 1309 Clarksdale, MS 36814	H					8,965.65
ACCOUNT NO.						
Inpro Corporation 5131 Paysphere Cr. Chicago, IL 60674	H					2,691.73
ACCOUNT NO.		Consideration: taxes				
Internal Revenue Service P.O. BOX 7346 Philadelphia, PA 19101-7346	H					1,100,000.00
ACCOUNT NO.						
Ivans P.O. BOX 850001 Orlando, FL 32885	H					131.92

Sheet no. 13 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 1,114,921.16

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
J & J Health Care Systems, Inc. P.O. BOX 406663 Atlanta, GA 30384	H					1,827.98
ACCOUNT NO.						
Janette Morse Vautrain 72 East Street Easthampton, MA 01027	H					50,000.00
ACCOUNT NO.						
Jennifer Schmidt 207 Falling Star Wal Huntsville, AL 35806	H	Consideration: Money loaned to pay Federal Taxes				75,000.00
ACCOUNT NO.						
Jimmy Edwards 224 Beacon St. Philadelphia, MS 39350	H					364.00
ACCOUNT NO.						
Karen P Still, R., PH., PRO., PH. P.O. BOX 603 Madison, MS 39130	H					1,447.27

Sheet no. 14 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 128,639.25

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Kaye W. Stowell, FPN 1176 Southgate Starkville, MS 39759	H					190.00
ACCOUNT NO.						
Konica Minolta Medical Imaging P.O. BOX 1, Dept 2272 Dallas, TX 75312	H					240.75
ACCOUNT NO.						
Labcorp Laboratory Corp. 231 Maple Ave. Burlington, NC 27216	H					18,538.35
ACCOUNT NO.						
Labworks c/o Jimmy Chesteen 87 Tompkins Rd. Kilmichael, MS 39747	H					2,750.00
ACCOUNT NO.						
Laudauer, Inc. P.O. BOX 809051 Chicago, IL 60680	H					1,412.04

Sheet no. 15 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 23,131.14

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Louisville Newspapers, Inc. 119 Court St. P.O. BOX 469 Louisville, MS 39339	H					2,771.19
ACCOUNT NO.		Consideration: Lawsuit				
Luther Bell c/o Mike Farrell 210 E. Capitol St., Suite 2180 Jackson, MS 39210	H		X	X	X	Unknown
ACCOUNT NO.						
Luvel Daily Products P.O. BOX 1229 Kosciusko, MS 39090	H					2,193.03
ACCOUNT NO.						
M & N Computers 407 West Main St. Louisville, MS 39339	H					46.97
ACCOUNT NO.						
Mc Kesson Medical Surgical, Inc. P.O. BOX 933027 Atlanta, GA 31193	H					4,238.74

Sheet no. 16 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 9,249.93

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Med One Capital, Inc. P.O. BOX 271128 Salt Lake City, UT 84127	H					9,861.66
ACCOUNT NO.						
Medifax-Edi, Inc. 13093 Collections Ce Chicago, IL 60693	W					200.00
ACCOUNT NO.						
Medline Industries, Inc. Attn: Credit Manager One Medline Place Mundelin, IL 60060	H					134.74
ACCOUNT NO.						
Medline Industries, Inc. Dept. 1080 P.O. BOX 121080 Dallas, TX 75312	H					71.48
ACCOUNT NO.						
Mhca Pac, LLC 114 Market Ridge Dr. Ridgeland, MS 39157	H					1,460.00

Sheet no. 17 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 11,727.88

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Mid-South Medical Imaging, LLC 4264 Lakeland Dr. Flowood, MS 39232	H					2,615.60
ACCOUNT NO.						
Mississippi Dietetic Ass. 330 North Mart Pl, S Jackson, MS 39206	H					136.00
ACCOUNT NO.						
Mississippi Dept. of Health P.O. BOX 1700 Jackson, MS 39215	H					200.00
ACCOUNT NO.						
Mississippi Dept. of Health P.O. BOX 1700 Jackson, MS 39215	H					420.00
ACCOUNT NO.						
Mississippi Dept. of Health Cri P.O. BOX 1700 570 E. Woodroow Wilson Jackson, MS 39215	H					200.00

Sheet no. 18 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 3,571.60

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Montford Jones Memorial Hospital P.O. BOX 887 Kosciusko, MS 39090	H					20,145.74
ACCOUNT NO.						
MSC Industrial Supply Co., Inc. Dept. CH 0075 Palatine, IL 60055	H					164.33
ACCOUNT NO.						
Mсна Registry/ Pearson Vue P.O. BOX 822749 Philadelphia, PA 19182						25.00
ACCOUNT NO.						
Msrт Educational Foundation 339 Hwy 348 Guntown, MS 38849	H					720.00
ACCOUNT NO.						
Northeast Exterminating Company 326 Highway, 12 West Starkville, MS 39759	H					8,079.36

Sheet no. 19 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 29,134.43

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. unknown	H					Unknown
Northern Healthcare Capital C/o: D. Andrew Phillips P.O. BOX 947 Oxford, MS 38655						
ACCOUNT NO.	H					4,050.37
Nutrition Education Resources 112 River Oaks Dr. LaPlace, LA 70068						
ACCOUNT NO.	H					1,619.50
Oce' Corporate Printing P.O. BOX 11407 Birmingham, AL 35246						
ACCOUNT NO.	H					23,924.96
Oktibbeha County Hospital P.O. BOX 1506 Starkville, MS 39759						
ACCOUNT NO.	H					3,185.28
Ortho-Clinical Dagnostics P.O. BOX 406663 Atlanta, GA 30384						

Sheet no. 20 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ► \$ 32,780.11

Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Owens & Minor P.O. BOX 841420 Dallas, TX 75284	H					8,655.93
ACCOUNT NO.						
Parker, Hudson, Rainer & Dobb 285 Peachtree Center 1500 Marquis Two Tow Atlanta, GA 30303	H					25,799.61
ACCOUNT NO.						
PFG-Broadline 506 Hwy, 35 North Batesville, MS 38606	H					539.80
ACCOUNT NO.						
Pharmaceutical Credit Corporation P.O. BOX 1684 Brentwood, TN 37024	H					561.41
ACCOUNT NO. unknown						
Phelps Dunbar One Mississippi Plaza 201 South Spring Street Tupelo, MS 38804	J	Consideration: attorney fees				72,491.61

Sheet no. 21 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 108,048.36

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		Consideration: Lawsuit				
Phillip A. Marsden, et.al. C/o: William C. Collins, Jr. 171 17th St., N.W., Suite 100 Atlanta, GA 30363	H		X	X	X	Unknown
ACCOUNT NO.						
Physio Control 11811 Willows Rd. N.E. Redmond, WA 98052-2003	H					1,407.57
ACCOUNT NO.						
Pinnacle Business Solutions 6510 Old Canton rd. Ridgeland, MS 39157	H					31,807.73
ACCOUNT NO.						
Pitney Bowes, Inc. P.O. BOX 856042 Louisville, KY 40285	H					6,098.89
ACCOUNT NO.						
Pomco P.O. BOX 6329 Syracuse, NY 13217	H					2,127.31

Sheet no. 22 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 41,441.50

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Positive Promotions 15 Gilpin Ave. Hauppauge, NY 11788	H					774.92
ACCOUNT NO.						
Prime Care Nursing P.O. BOX 852 Greenville, MS 38702	H					167,199.19
ACCOUNT NO.						
Professional Health Care Services P.O. BOX 18282 Natchez, MS 39122	H					2,711.00
ACCOUNT NO.						
Progressive Gulf Ins, Co. P.O. BOX 31033 Tampa, FL 33633	H					76.00
ACCOUNT NO.						
Progressive Medical International 1250 Industrial Ave. Escondido, CA 92029	H					199.01

Sheet no. 23 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 170,960.12

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Radiological Group, P.A. 1405 N. State St. Jackson, MS 39202	H					16,974.00
ACCOUNT NO.						
Ralph T. Cain RR4, 76B Eupora, MS 39744	H					748.02
ACCOUNT NO.						
Redwood Biotech, Inc. P.O. BOX 14327 Santa Rosa, CA 95402	H					240.00
ACCOUNT NO.						
Regions Bank Department 0150 Birmingham, AL 35287	H					0.00
ACCOUNT NO.						
Rehabmart.com 150 Sagewood Dr. Winterville, GA 30683	H					341.84

Sheet no. 24 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ► \$ 18,303.86

Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Ricoh Americas Corp. P.O. BOX 4245 Carol Stream, IL 60197	H					4,095.96
ACCOUNT NO.		Consideration: Lawsuit				
Rural Healthcare Dev., Inc. and Ray Shoemaker, C/o: Micheal A. Heilman P.O. BOX Drawer 24417 Jackson, MS 39225-4417	H		X	X	X	Unknown
ACCOUNT NO.						
Serenity Healthcare P.O. BOX 579 4109 Highway 98 West Summit, MS 39666	H					67,000.00
ACCOUNT NO.						
Servpro of Northeast Delta P.O. BOX 337 Kosciusko, MS 39090	H					510.00
ACCOUNT NO.						
Seyfarth Shaw, LLP One Peachtree Pointe 1545 Peachtree St., N.E. Atlanta, GA 30309	H					2,850.00

Sheet no. 25 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 74,455.96

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Sibley's Appliance Repair 83 eubanks rd. Eupora, MS 39744	H					1,110.68
ACCOUNT NO.						
Sourceone Healthcare Technology P.O. BOX 8004 Mentor, OH 44061	H					5,786.81
ACCOUNT NO.						
Southern Roofing, LLC 4905 W. TVA Rd. West Point, MS 39773	H					1,624.00
ACCOUNT NO.						
Staples Business Adv. P.O. BOX 40 Dept. ATL Atlanta, GA 30384	H					7,065.15
ACCOUNT NO.						
Staples Credit Plan Dept. 51-7861245503 P. O. BOX 689020 Des Moines, IA 50368	H					6,345.51

Sheet no. 26 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ► \$ 21,932.15

Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Stringer Healthcare Sales 2022 Myrtle Arcadia, LA 71001	H					478.40
ACCOUNT NO.						
Synergetics DCS, Inc. Account Receivables P.O. BOX 1276 Tupelo, MS 38802	H					42,290.00
ACCOUNT NO.						
Sysco Food Services of Jackson p.O. BOX 2900 4000 Milwaukee St. Jackson, MS 39207	H					4,218.98
ACCOUNT NO.						
Tacy Medical, Inc. P.O. BOX 15807 Fernandina Beach, FL 32035	H					531.50
ACCOUNT NO.						
Terre M. Vandaman Chapter 13 Trustee P.O. BOX 1985 Memphis, TN 38101	H					4,580.50

Sheet no. 27 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 52,099.38

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. unknown	H					4,580.50
Terre M. Vardaman Chapter 13 Trustee P.O. BOX 1985 Memphis, TN 38101						
ACCOUNT NO.	H					4,221.14
Terry-Trane Service Agency, Inc. P.O. BOX 1557 Ridgeland, MS 39158						
ACCOUNT NO.	H					325.00
The Choctaw Chronicle P.O. BOX 1009 Ackerman, MS 39735						
ACCOUNT NO.	H					111.05
The Clarion Ledger P.O. BOX 23067 Jackson, MS 39225						
ACCOUNT NO.	H					15,355.25
The Summit Health & Rehab Service P.O. BOX 579 Summit, MS 39666						

Sheet no. 28 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 24,592.94

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Thompson Publishing Group, Inc. P.O. BOX 26185 Tampa, FL 33623	H					428.50
ACCOUNT NO.		Consideration: deficiency on car				
Toyota Financial Services P.O. BOX 650686 Dallas, TX 75265	H					21,000.00
ACCOUNT NO.						
Tri-State Hospital Supply P.O. BOX 170 Howell, MI 48844	H					1,536.98
ACCOUNT NO.						
Tri-Tec Medical, Co. 2255 Germantown Rd. Germantown, TN 38138	H					4,252.18
ACCOUNT NO.						
Trinity Therapy Ser., Inc. P.O. BOX 315 Ridgeland, MS 39158	H					10,710.00

Sheet no. 29 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 37,927.66

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Trispan Health Services Medicare Part A P.O. BOX 23046 Jackson, MS 39225	H					817.05
ACCOUNT NO.						
Tru-Care Medical 205 E. Gould Ave. Eupora, MS 39744	H					1,730.84
ACCOUNT NO.						
Trustmark National Bank P.O. BOX 1182 Jackson, MS 39215	H	Consideration: deficiency on car				15,000.00
ACCOUNT NO.						
U.S. Foodservice, Inc. P.O. BOX 846079 Dallas, TX 75284	H					440.98
ACCOUNT NO.						
United Blood Services P.O. BOX 53022 Phoenix, AZ 85072	H					2,220.00

Sheet no. 30 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 20,208.87

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Universal Hospital Services 199 Interstate Drive Richland, MS 39218	H					5,761.84
ACCOUNT NO.						
Valley Food Service P.O. BOX 5454 Jackson, MS 39288	H		X	X	X	89,243.51
ACCOUNT NO.						
Vaxserve, Inc. 12566 Collections Cn. Chicago, IL 60693	H					3,253.38
ACCOUNT NO.						
Vernon Plumbing Contractors 4413 Hwy 14 East Louisville, MS 39339	H					1,005.80
ACCOUNT NO.						
Warren, Averett, Kimbrough & Marino, LLC C/o: Thomas M. McElroy P.O. BOX 1450 Tupelo, MS 38802	H	Consideration: Lawsuit	X	X	X	Unknown

Sheet no. 31 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 99,264.53

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jeffrey Andrews Morse & Janet Bertha Morse,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Webster Medical Center P.O. BOX 967 Louisville, MS 39339	H					4,833.20
ACCOUNT NO.						
Winston Medical Center P.O. BOX 967 Louisville, MS 39339	H					33,169.18
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. 32 of 32 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ▶ \$ 38,002.38

Total ▶ \$ 2,459,180.27

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re Jeffrey Andrews Morse & Janet Bertha Morse Case No. _____
Debtor (if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
Lexus Financial Services P.O. BOX 17187 Baltimore, MD 21297-0511	Automobile lease
Beckman Coulter, Inc. Dept. Ch 10164 Palatine, IL 60055	Lease on Unicall DXC 600 Pro (Lab Equipment) Expires 06/17/2014 \$2,352.09/month
Choctaw County Board of Survivors P.O. BOX 250 Ackerman, MS 39735	30 Year Building Lease \$5,000/month
David Griggs 22970 MS Hwy 15 Mathiston, MS 39752	Mathiston Clinic Land Lease Expires 11/01/2011
Jimmy Edwards 224 Beacon St. Philadelphia, MS 39350	Month to Moth lease on EMS Building \$365.00/month
Enon Presbyterian Church Highway 12 Ackerman, MS 39735	Presbyterian Church lease for PHP Program Month to Month lease \$750.00/month
GE Healthcare Contract # 294748 P.O. BOX 402076 Atlanta, GA 30384	CT Machine lease expires 08/08/2013 \$8,087.52/month

In re Jeffrey Andrews Morse & Janet Bertha Morse

Debtor

Case No.

(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(Continuation Page)

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
GE Healthcare Financial Service P.O. BOX 641419 Pittsburgh, PA 15264	Construction of CT Room Expires 5/29/2013 \$2,717.77/month
GE Healthcare Financial Service P.O. BOX 641419 Pittsburgh, PA 15264	Portable X-Ray Machine Expires 08/08/2012 \$1,571.80/month
John Sally P.O. BOX 484 Ackerman, MS 39735	External Storage Open Lease \$550.00/month
Ricoh Americas Corp. P.O. BOX 4245 Carol Stream, IL 60197	Lease on copiers Expires 4/01/2014

In re Jeffrey Andrews Morse & Janet Bertha Morse

Case No. _____

Debtor

(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Brandywine Health Services of Mississippi, Inc. dba Choctaw County Medical Center 311 West Cherry St. Ackerman, MS 39735	Toyota Financial Services P.O. BOX 650686 Dallas, TX 75265
Brandywine Health Services of Mississippi, Inc. dba Choctaw County Medical Center 311 West Cherry St. Ackerman, MS 39735	Trustmark National Bank P.O. BOX 1182 Jackson, MS 39215
Brandywine Health Services of Mississippi, Inc. dba Choctaw County Medical Center 311 West Cherry St. Ackerman, MS 39735	Regions Bank Department 0150 Birmingham, AL 35287
Brandywine Health Services of Mississippi, Inc. dba Choctaw County Medical Center 311 West Cherry St. Ackerman, MS 39735	Northern Healthcare Capital C/o: D. Andrew Phillips P.O. BOX 947 Oxford, MS 38655
Brandywine Health Services of Mississippi, Inc. dba Choctaw County Medical Center 311 West Cherry St. Ackerman, MS 39735	Beckman Coulter, Inc. Dept. Ch 10164 Palatine, IL 60055
Brandywine Health Services of Mississippi, Inc. dba Choctaw County Medical Center 311 West Cherry St. Ackerman, MS 39735	4-County Electric Power Association P.O. BOX 9602 Columbus, MS 39705
Brandywine Health Services of Mississippi, Inc. dba Choctaw County Medical Center 311 West Cherry St. Ackerman, MS 39735	Atmos Energy P.O. BOX 9001949 Louisville, KY 40290

In re Jeffrey Andrews Morse & Janet Bertha Morse

Case No. _____

Debtor

(if known)

SCHEDULE H - CODEBTORS
 (Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Brandywine Health Services of Mississippi, Inc. dba Choctaw County Medical Center 311 West Cherry St. Ackerman, MS 39735	GE Healthcare Financial Service P.O. BOX 641419 Pittsburgh, PA 15264
Brandywine Health Services of Mississippi, Inc. dba Choctaw County Medical Center 311 West Cherry St. Ackerman, MS 39735	Phillip A. Marsden, et.al. C/o: William C. Collins, Jr. 171 17th St., N.W., Suite 100 Atlanta, GA 30363
Brandywine Health Services of Mississippi, Inc. dba Choctaw County Medical Center 311 West Cherry St. Ackerman, MS 39735	GE Healthcare Contract # 294748 P.O. BOX 402076 Atlanta, GA 30384

B6I (Official Form 6I) (12/07)In re Jeffrey Andrews Morse & Janet Bertha MorseCase _____
(if known)

Debtor

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): No dependents	AGE(S):
Employment:	DEBTOR	SPOUSE
Occupation	Search Consultant	Unemployment
Name of Employer	Search Ressource Group, LLC	
How long employed	7 months	
Address of Employer	10554 Evergreen Spring Place	
	Raleigh, NC 27614	

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions

(Prorate if not paid monthly.)

DEBTOR	SPOUSE
\$ 6,000.00	\$ 0.00

2. Estimated monthly overtime

\$ 0.00	\$ 0.00
---------	---------

3. SUBTOTAL

\$ 6,000.00	\$ 0.00
-------------	---------

4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security

- b. Insurance

- c. Union Dues

- d. Other (Specify: _____)

\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 0.00	\$ 0.00
---------	---------

- 6.. TOTAL NET MONTHLY TAKE HOME PAY

\$ 6,000.00	\$ 0.00
-------------	---------

7. Regular income from operation of business or profession or farm

(Attach detailed statement)

\$ 0.00	\$ 0.00
---------	---------

8. Income from real property

\$ 0.00	\$ 0.00
---------	---------

9. Interest and dividends

\$ 0.00	\$ 0.00
---------	---------

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.

\$ 0.00	\$ 0.00
---------	---------

11. Social security or other government assistance

(Specify) (D)Social Security (S)Social Security

\$ 1,897.00	\$ 978.00
-------------	-----------

12. Pension or retirement income

\$ 0.00	\$ 0.00
---------	---------

13. Other monthly income

(Specify)

\$ 0.00	\$ 0.00
---------	---------

\$ 0.00	\$ 0.00
---------	---------

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 1,897.00	\$ 978.00
-------------	-----------

15. AVERAGE MONTHLY INCOME (Add amounts shown on Lines 6 and 14)

\$ 7,897.00	\$ 978.00
-------------	-----------

16. COMBINED AVERAGE MONTHLY INCOME (Combine column totals from line 15)

\$ 8,875.00	
-------------	--

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

None

In re Jeffrey Andrews Morse & Janet Bertha MorseCase No. _____
(if known)

Debtor

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	<u>3,072.00</u>
a. Are real estate taxes included? Yes <u>✓</u> No _____		
b. Is property insurance included? Yes _____ No <u>✓</u>		
2. Utilities: a. Electricity and heating fuel	\$	<u>707.00</u>
b. Water and sewer	\$	<u>0.00</u>
c. Telephone	\$	<u>0.00</u>
d. Other <u>telephone, garbage, cable, cell phone</u>	\$	<u>337.00</u>
3. Home maintenance (repairs and upkeep)	\$	<u>393.00</u>
4. Food	\$	<u>400.00</u>
5. Clothing	\$	<u>100.00</u>
6. Laundry and dry cleaning	\$	<u>15.00</u>
7. Medical and dental expenses	\$	<u>231.00</u>
8. Transportation (not including car payments)	\$	<u>290.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	<u>300.00</u>
10. Charitable contributions	\$	<u>400.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	<u>450.00</u>
b. Life	\$	<u>47.00</u>
c. Health	\$	<u>426.00</u>
d. Auto	\$	<u>108.00</u>
e. Other <u>umbrella</u>	\$	<u>225.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) <u>Real Estate</u>	\$	<u>541.00</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	<u>0.00</u>
b. Other <u>Lexus Lease</u>	\$	<u>617.00</u>
c. Other <u>Homeowner Ass.Fee</u>	\$	<u>75.00</u>
14. Alimony, maintenance, and support paid to others	\$	<u>0.00</u>
15. Payments for support of additional dependents not living at your home	\$	<u>0.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	<u>0.00</u>
17. Other <u>Haricuts</u>	\$	<u>100.00</u>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)	\$	<u>8,834.00</u>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
<u>None</u>		
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 15 of Schedule I (Includes spouse income of \$978.00. See Schedule I)	\$	<u>8,875.00</u>
b. Average monthly expenses from Line 18 above	\$	<u>8,834.00</u>
c. Monthly net income (a. minus b.) (Net includes Debtor/Spouse combined Amounts)	\$	<u>41.00</u>

Jeffrey Andrews Morse & Janet Bertha Morse

In re _____

Case No. _____

Debtor

(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 53 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 12/15/10Signature: /s/ Jeffrey Andrews Morse
Debtor:Date 12/15/10Signature: /s/ Janet Bertha Morse
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,
of Bankruptcy Petition Preparer

Social Security No.
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X _____
Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the _____ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the _____ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date _____

Signature: _____

[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

4-County Electric Power Association
P.O. BOX 9602
Columbus, MS 39705

Ackerman Athletic Booster Club
P.O. BOX 641
Ackerman, MS 39735

ACS-Abulance Cot Service
2339 Green Lane
Bishopville, SC 29010

Advanced Health Systems, Inc.
P.O. BOX 1043
Jackson, MS 39215

Afco
Dept 0809
P.O. BOX 120001
Dallas, TX 75312

AIA- Associated Insurance Adm.
P.O. BOX 231330
Montgomery, AL 36123

Alimed, Inc.
P.O. BOX 9135
Dedham, MA 02027

American Health Tech
P.O. BOX 12310
Jackson, MS 39236

Ancillary Medical Service
195 East Peace Street
Canton, MS 39046

Apic
P.O. BOX 79502
Baltimore, MD 21279

Appliance Parts Co., Inc.
727 S. Gallatin St.
Jackson, MS 39204

Atmos Energy
P.O. BOX 9001949
Louisville, KY 40290

Aventis Pasteur
P.O. BOX 60244
Charlotte, NC 28260

Baptist Memorial Hospital
P.O. BOX 415000, MSC 4
Nashville, TN 37241

Beckman Coulter, Inc.
Dept. Ch 10164
Palatine, IL 60055

Beckman Coulter, Inc.
Dept. Ch 10164
Palatine, IL 60055

Black Brothers
135 Seward St.
P.O. BOX 906
Ackerman, MS 39735

Bourdeaux & Jones, LLP
P.O. BOX 2009
Meridian, MS 39302

Bracco Diagnostics, Inc.
P.O. BOX 532411
Charlotte, NS 28290

Brandywine Health Services of Mississippi, Inc.
dba Choctaw County Medical Center
311 West Cherry St.
Ackerman, MS 39735

Brandywine Health Services of Mississippi, Inc.
dba Choctaw County Medical Center
311 West Cherry St.
Ackerman, MS 39735

Brandywine Health Services of Mississippi, Inc.
dba Choctaw County Medical Center
311 West Cherry St.
Ackerman, MS 39735

Brandywine Health Services of Mississippi, Inc.
dba Choctaw County Medical Center
311 West Cherry St.
Ackerman, MS 39735

Brandywine Health Services of Mississippi, Inc.
dba Choctaw County Medical Center
311 West Cherry St.
Ackerman, MS 39735

Brandywine Health Services of Mississippi, Inc.
dba Choctaw County Medical Center
311 West Cherry St.
Ackerman, MS 39735

Brandywine Health Services of Mississippi, Inc.
dba Choctaw County Medical Center
311 West Cherry St.
Ackerman, MS 39735

Brandywine Health Services of Mississippi, Inc.
dba Choctaw County Medical Center
311 West Cherry St.
Ackerman, MS 39735

Brandywine Health Services of Mississippi, Inc.
dba Choctaw County Medical Center
311 West Cherry St.
Ackerman, MS 39735

Brandywine Health Services of Mississippi, Inc.
dba Choctaw County Medical Center
311 West Cherry St.
Ackerman, MS 39735

Briggs Corporation
P.O. BOX 1355
Des Moines, IA 50305

Broadway Linen Service
548 N. Braodway
Division-Linen Service
Greenville, MS 38701

Business Machines Plus, Inc.
P.O. BOX 2145
Columbus, MS 39704

Capweld
P.O. BOX 22562
Jackson, MS 39225

Cardinal Health Alaris Product
3698 Collections CNT
Chicago, Il 60693

Cardinal Health Jackson Division
P.O. BOX 402586
Atlanta, GA 30384

Carefusion Alaris Products
3698 Collection Cent
Chicago, IL 60693

Central Mississippi Communications
P.O. BOX 329
111 Monroe St.
Kosciusko, MS 39090

Central MS Emergency Medical Services
855 Pear Orchard Rd., Suite 401
Ridgeland, MS 39157

Centurian Medical Products
P.O. BOX 170
301 Catrell Dr.
Howell, MI 48843

Channing Bete Company, Inc.
P.O. BOX 84-5897
Boston, MA 02284

Choctaw County Board of Survivors
P.O. BOX 250
Ackerman, MS 39735

Choctaw County Board of Survivors
P.O. BOX 250
Ackerman, MS 39735

Chris threadgill
P.O. BOX 1099
Ackerman, MS 39735

Columbus Fire Service
P.O. BOX 622
Columbus, MS 39703

Columbus Paper & Chemical, Inc.
P.O. BOX 8367
Columbus, MS 39705

Corporate Express
P.O. BOX 71217
Chicago, IL 60694

Criticare Systems, Inc.
4718 Paysphere Circle
Chicago, IL 60674

Danette Berry
602 West Church St.
Newton, MS 39345

Data System Management
P.O. BOX 1348
605 2nd Ave. North
Columbus, MS 39703

David Griggs
22970 MS Hwy 15
Mathiston, MS 39752

Delta Pharma, Inc.
P.O. BOX 538
Ripley, MS 38663

Diagnostic Imaging, Inc.
P.O. BOX 2121
Memphis, TN 38159

Diagnostic Tissue Cytology
P.O. BOX 5869
Meridian, MS 39301

Digital Data Corp
1596 W.2650 S. #101
Odgen, UT 84401

Direct Supply Healthcare Equipment
P.O. BOX 88201
Milwaukee, WI 53288

Diversified Health Services
P.O. BOX 2371
Starkville, MS 39760

Doss Electric, Inc.
P.O. BOX 652
Maben, MS 39750

Emergency Medical Products
4606 Reliable Pkwy
Chicago, IL 60686

Emery Pratt Company
1986 W. Main St.
Owosso, MI 48867

Enon Presbyterian Church
Highway 12
Ackerman, MS 39735

Enserv South Central
P.O. BOX 671308
Dallas, TX 75267

Fedex
P.O. BOX 660481
Dallas, TX 75266

First Choice Medical Sup.
P.O. BOX 3608
Jackson, MS 39207

Fisher Healthcare
P.O. BOX 404705
Atlanta, GA 30384

Four Seasons Lawn Maintenance
P.O. BOX 793
Starkville, MS 39759

GE Healthcare
Contract # 294748
P.O. BOX 402076
Atlanta, GA 30384

GE Healthcare
Contract # 294748
P.O. BOX 402076
Atlanta, GA 30384

GE Healthcare Financial Service
P.O. BOX 641419
Pittsburgh, PA 15264

GE Healthcare Financial Service
P.O. BOX 641419
Pittsburgh, PA 15264

GE Healthcare Financial Service
P.O. BOX 641419
Pittsburgh, PA 15264

Genworth Life Insurance Company
P.O. BOX 79744
Baltimore, MD 21279

Golden Tri. Waste Service Coop Se
1311 Industrial Park
Columbus, MS 39701

Griffin Industries
1299 Prisock rd.
Byram, MS 39272

Guardian Life Insurance of America
Northeast Regional Office
P.O. BOX 95101
Chicago, IL 60694

Gulf South Medical Supply
P.O. BOX 841968
Dallas, TX 75284

HD Supply Facilities Maintenance
P.O. BOX 509058
San Diego, CA 92150

Health Force Staffing
10921 Reed Hartman H, Suite 329
Cincinnati, OH 45242

Healthcare Corporation of America
P.O. BOX 12828
Philadelphia, PA 19101

Healthcare Services International
P.O. BOX 12828
Philadelphia, PA 19176

Heritage Food Service Equipment
P.O. BOX 8710
Fort Wayne, IN 46898

Horizon Healthcare Sup.
P.O. BOX 6
Duluth, MN 55801

Hospital Furniture Restoration
P.O. BOX 152
Lisbon, MD 21765

Infolab, Inc.
P.O. BOX 1309
Clarksdale, MS 36814

Inpro Corporation
5131 Paysphere Cr.
Chicago, IL 60674

Internal Revenue Service
P.O. BOX 7346
Philadelphia, PA 19101-7346

Internal Revenue Service
P.O. BOX 7346
Philadelphia, PA 19101-7346

Internal Revenue Service
P.O. BOX 7346
Philadelphia, PA 19101-7346

Ivans
P.O. BOX 850001
Orlando, FL 32885

J & J Health Care Systems, Inc.
P.O. BOX 406663
Atlanta, GA 30384

Janette Morse Vautrain
72 East Street
Easthampton, MA 01027

Jennifer Schmidt
207 Falling Star Wal
Huntsville, AL 35806

Jimmy Edwards
224 Beacon St.
Philadelphia, MS 39350

Jimmy Edwards
224 Beacon St.
Philadelphia, MS 39350

John Sally
P.O. BOX 484
Ackerman, MS 39735

Karen P Still, R., PH., PRO., PH.
P.O. BOX 603
Madison, MS 39130

Kaye W. Stowell, FPN
1176 Southgate
Starkville, MS 39759

Konica Minolta Medical Imaging
P.O. BOX 1, Dept 2272
Dallas, TX 75312

Labcorp Laboratory Corp.
231 Maple Ave.
Burlington, NC 27216

Labworks
c/o Jimmy Chesteen
87 Tompkins Rd.
Kilmichael, MS 39747

Laudauer, Inc.
P.O. BOX 809051
Chicago, IL 60680

Lexus Financial Services
P.O. BOX 17187
Baltimore, MD 21297-0511

Lexus Financial Services
P.O. BOX 17187
Baltimore, MD 21297-0511

Louisville Newspapers, Inc.
119 Court St.
P.O. BOX 469
Louisville, MS 39339

Luther Bell
c/o Mike Farrell
210 E. Capitol St., Suite 2180
Jackson, MS 39210

Luvel Daily Products
P.O. BOX 1229
Kosciusko, MS 39090

M & N Computers
407 West Main St.
Louisville, MS 39339

Mc Kesson Medical Surgical, Inc.
P.O. BOX 933027
Atlanta, GA 31193

Med One Capital, Inc.
P.O. BOX 271128
Salt Lake City, UT 84127

Medifax-Edi, Inc.
13093 Collections Ce
Chicago, IL 60693

Medline Industries, Inc.
Attn: Credit Manager
One Medline Place
Mundelin, IL 60060

Medline Industries, Inc.
Dept. 1080
P.O. BOX 121080
Dallas, TX 75312

Mhca Pac, LLC
114 Market Ridge Dr.
Ridgeland, MS 39157

Mid-South Medical Imaging, LLC
4264 Lakeland Dr.
Flowood, MS 39232

Mississippi Dietetic Ass.
330 North Mart Pl, S
Jackson, MS 39206

Mississippi Dept of Employment
P.O. BOX 23089
Jackson, MS 39225

Mississippi Dept. of Health
P.O. BOX 1700
Jackson, MS 39215

Mississippi Dept. of Health
P.O. BOX 1700
Jackson, MS 39215

Mississippi Dept. of Health Cri
P.O. BOX 1700
570 E. Woodroow Wilson
Jackson, MS 39215

Montford Jones Memorial Hospital
P.O. BOX 887
Kosciusko, MS 39090

Morgan Stanley Credit Corporation
P.O. BOX 986
Newark, NJ 07184-0986

Morgan Stanley Home loan
P.O. BOX 986
Newark, NJ 07184-0986

MS State Tax Commission
Post Office Drawer D
Attn: Tim Thompson
Greenwood, MS 38935

MSC Industrial Supply Co., Inc.
Dept. CH 0075
Palatine, IL 60055

Msn Registry/ Pearson Vue
P.O. BOX 822749
Philadelphia, PA 19182

Msrt Educational Foundation
339 Hwy 348
Guntown, MS 38849

Northeast Exterminating Company
326 Highway, 12 West
Starkville, MS 39759

Northern Healthcare Capital
C/o: D. Andrew Phillips
P.O. BOX 947
Oxford, MS 38655

Nutrition Education Resources
112 River Oaks Dr.
LaPlace, LA 70068

Oce' Corporate Printing
P.O. BOX 11407
Birmingham, AL 35246

Oktibbeha County Hospital
P.O. BOX 1506
Starkville, MS 39759

Ortho-Clinical Dagnostics
P.O. BOX 406663
Atlanta, GA 30384

Owens & Minor
P.O. BOX 841420
Dallas, TX 75284

Parker, Hudson, Rainer & Dobb
285 Peachtree Center
1500 Marquis Two Tow
Atlanta, GA 30303

PFG-Broadline
506 Hwy, 35 North
Batesville, MS 38606

Pharmaceutical Credit Corporation
P.O. BOX 1684
Brentwood, TN 37024

Phelps Dunbar
One Mississippi Plaza
201 South Spring Street
Tupelo, MS 38804

Phillip A. Marsden, et.al.
C/o: William C. Collins, Jr.
171 17th St., N.W., Suite 100
Atlanta, GA 30363

Physio Control
11811 Willows Rd. N.E.
Redmond, WA 98052-2003

Pinnacle Business Solutions
6510 Old Canton rd.
Ridgeland, MS 39157

Pitney Bowes, Inc.
P.O. BOX 856042
Louisville, KY 40285

Pomco
P.O. BOX 6329
Syracuse, NY 13217

Positive Promotions
15 Gilpin Ave.
Hauppauge, NY 11788

Prime Care Nursing
P.O. BOX 852
Greenville, MS 38702

Professional Health Care Services
P.O. BOX 18282
Natchez, MS 39122

Progressive Gulf Ins, Co.
P.O. BOX 31033
Tampa, FL 33633

Progressive Medical International
1250 Industrial Ave.
Escondido, CA 92029

Radiological Group, P.A.
1405 N. State St.
Jackson, MS 39202

Ralph T. Cain
RR4, 76B
Eupora, MS 39744

Redwood Biotec, Inc.
P.O. BOX 14327
Santa Rosa, CA 95402

Regions Bank
Department 0150
Birmingham, AL 35287

Rehabmart.com
150 Sagewood Dr.
Winterville, GA 30683

Ricoh Americas Corp.
P.O. BOX 4245
Carol Stream, IL 60197

Ricoh Americas Corp.
P.O. BOX 4245
Carol Stream, IL 60197

Rural Healthcare Dev., Inc. and
Ray Shoemaker, C/o: Micheal A. Heilman
P.O. BOX Drawer 24417
Jackson, MS 39225-4417

Serenity Healthcare
P.O. BOX 579
4109 Highway 98 West
Summit, MS 39666

Servpro of Northeast Delta
P.O. BOX 337
Kosciusko, MS 39090

Seyfarth Shaw, LLP
One Peachtree Pointe
1545 Peachtree St., N.E.
Atlanta, GA 30309

Sibley's Appliance Repair
83 eubanks rd.
Eupora, MS 39744

Sourceone Healthcare Technology
P.O. BOX 8004
Mentor, OH 44061

Southern Roofing, LLC
4905 W. TVA Rd.
West Point, MS 39773

Staples Business Adv.
P.O. BOX 40
Dept. ATL
Atlanta, GA 30384

Staples Credit Plan
Dept. 51-7861245503
P. O. BOX 689020
Des Moines, IA 50368

Stringer Healthcare Sales
2022 Myrtle
Arcadia, LA 71001

Synergetics DCS, Inc.
Account Receivables
P.O. BOX 1276
Tupelo, MS 38802

Sysco Food Services of Jackson
p.O. BOX 2900
4000 Milwaukee St.
Jackson, MS 39207

Tacy Medical, Inc.
P.O. BOX 15807
Fernandina Beach, FL 32035

Terre M. Vandaman
Chapter 13 Trustee
P.O. BOX 1985
Memphis, TN 38101

Terre M. Vardaman
Chapter 13 Trustee
P.O. BOX 1985
Memphis, TN 38101

Terry-Trane Service Agency, Inc.
P.O. BOX 1557
Ridgeland, MS 39158

The Choctaw Chronicle
P.O. BOX 1009
Ackerman, MS 39735

The Clarion Ledger
P.O. BOX 23067
Jackson, MS 39225

The Summit Health & Rehab Service
P.O. BOX 579
Summit, MS 39666

Thompson Publishing Group, Inc.
P.O. BOX 26185
Tampa, FL 33623

Toyota Financial Services
P.O. BOX 650686
Dallas, TX 75265

Tri-State Hospital Supply
P.O. BOX 170
Howell, MI 48844

Tri-Tec Medical, Co.
2255 Germantown Rd.
Germantown, TN 38138

Trinity Therapy Ser., Inc.
P.O. BOX 315
Ridgeland, MS 39158

Trispan Health Services Medicare Part A
P.O. BOX 23046
Jackson, MS 39225

Tru-Care Medical
205 E. Gould Ave.
Eupora, MS 39744

Trustmark National Bank
P.O. BOX 1182
Jackson, MS 39215

U.S. Foodservice, Inc.
P.O. BOX 846079
Dallas, TX 75284

United Blood Services
P.O. BOX 53022
Phoenix, AZ 85072

Universal Hospital Services
199 Interstate Drive
Richland, MS 39218

Valley Food Service
P.O. BOX 5454
Jackson, MS 39288

Vaxserve, Inc.
12566 Collections Cn.
Chicago, IL 60693

Vernon Plumbing Contractors
4413 Hwy 14 East
Louisville, MS 39339

Warren, Averett, Kimbrough & Marino, LLC
C/o: Thomas M. McElroy
P.O. BOX 1450
Tupelo, MS 38802

Webster Medical Center
P.O. BOX 967
Louisville, MS 39339

Winston Medical Center
P.O. BOX 967
Louisville, MS 39339

**UNITED STATES BANKRUPTCY COURT
District of Maryland**

In re Jeffrey Andrews Morse & Janet Bertha Morse ,
Debtor

Case No. _____

Chapter 7 _____

VERIFICATION OF LIST OF CREDITORS

I hereby certify under penalty of perjury that the attached List of Creditors which consists of 19 pages, is true, correct and complete to the best of my knowledge.

Date 12/15/10 _____

Signature
of Debtor

/s/ Jeffrey Andrews Morse

JEFFREY ANDREWS MORSE

Date 12/15/10 _____

Signature
of Joint Debtor

/s/ Janet Bertha Morse

JANET BERTHA MORSE